

12/2/2015

W 95972

FILED EFFECTIVE

| No. W 95972 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) JAMIE DUMAN 8245 N CORNERSTONE DR HAYDEN ID 83835 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|--------------|------------------------|------|-----|--|-------|---|-------------|------------------------|------|-----|--|-------|---|---------------------|-----------------------|------|-----|--|-------|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. 3SF, LLC JEFF SCOGGIN 5431 N GOVERNMENT WAY DALTON GARDENS ID 83815 USA 5431 N. Gov't. Way #101B Coeur d' Alene, Id. 83815 | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeff Scoggin</td> <td>5431 N.Gov't.Way.#101B</td> <td>CDA,</td> <td>Id.</td> <td></td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kim Scoggin</td> <td>5431 N.Gov't.Way.#101B</td> <td>CDA,</td> <td>Id.</td> <td></td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Christopher Skinner</td> <td>5431N.Gov't.Way.#101B</td> <td>CDA,</td> <td>Id.</td> <td></td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Jeff Scoggin | 5431 N.Gov't.Way.#101B | CDA, | Id. | | 83815 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kim Scoggin | 5431 N.Gov't.Way.#101B | CDA, | Id. | | 83815 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Christopher Skinner | 5431N.Gov't.Way.#101B | CDA, | Id. | | 83815 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
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| 5. Organized Under the Laws of: IDAHO W 95972 | 6. Signature: <u>Kim Scoggin</u> Name (type or print): <u>Kim Scoggin</u> Date: <u>12/2/15</u> Title: <u>member</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |